

Pt. 62, App. D

22 CFR Ch. I (4-1-12 Edition)

from the above to _____

(A) STATISTICAL REPORT

2. Change the address of the Program Sponsor

(1) ACTIVITY BY CATEGORY

From: _____

Number

(city) (state) (zip)

To: _____

Professor
Research Scholar
Short-term Scholar
Trainee
Student (College and University)
Student (Practical Trainee)
Teacher
Student (Secondary)
Specialists
Physicians
International Visitors
Government Visitors
Camp Counselors

(city) (state) (zip)

3. () Change the telephone number from _____ to _____

() Change the fax number from _____ to _____

Total

4. () Change the name of the Responsible Officer of the above program from _____ to _____

(2) Forms IAP-66 Reconciliation

5. a. Delete the following Alternate Responsible Officer:

(i) Number of Forms IAP-66 voided or otherwise not used by participant _____.

(ii) Number of Forms IAP-66 issued for dependents _____.

(iii) Number of Forms IAP-66 currently on hand _____.

5. b. Add the following Alternate Responsible Officer:

(B) PROGRAM EVALUATION

On a separate sheet, please provide a brief narrative report on program activity, difficulties encountered and their resolution, program transfers, anticipated growth and the proposed new activity, cross-cultural activities, as well as the reciprocal component of the program.

(Citizenship is required for all Responsible and Alternate Responsible Officers-See Reverse)

6. () Send _____ (indicate number) IAP-66 forms. (PLEASE ALLOW FOUR TO SIX WEEKS FOR RESPONSE AND REMEMBER TO SUBMIT THE ANNUAL REPORT)

7. () Send _____ copies of this form.

8. () Send _____ copies of *Codes for Educational and Cultural Exchange*.

9. () Cancel the above named Exchange Visitor Program.

I, The Responsible Officer of the program indicated above, certify that we have complied with the insurance requirement (22 CFR 514.14). I also certify that the information contained in this report is complete and correct to the best of my knowledge and belief.

Responsible Officer (signed) _____

Date _____

(Signature of Responsible or Alternate Responsible Officer)

Name and address of sponsoring institution _____

(Date)

APPENDIX E TO PART 62—UNSKILLED OCCUPATIONS

(Title of Signing Officer)

For purposes of 22 CFR 514.22(c)(1), the following are considered to be "unskilled occupations":

APPENDIX D TO PART 62—ANNUAL REPORT—EXCHANGE VISITOR PROGRAM SERVICES (GC/V), DEPARTMENT OF STATE, WASHINGTON, DC 20547, (202-401-7964)

Exchange Visitor Program No. _____ Reporting Period _____ Provide Range of Forms IAP-66 Documents Covered by this Report (_____ - _____).

- (1) Assemblers
- (2) Attendants, Parking Lot
- (3) Attendants (Service Workers such as Personal Services Attendants, Amusement and Recreation Service Attendants)
- (4) Automobile Service Station Attendants
- (5) Bartenders
- (6) Bookkeepers
- (7) Caretakers